

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Name of Committee Committee to Elect David Shoemaker  
 Address P.O. Box 2041, Collins MS 39428  
 Telephone 601-765-8284 Fax 601-765-9282  
 Treasurer Billy Dale Shoemaker Email Shoe6651@bellsouth.net



☐ Check here if above is different from previous report

## TYPE OF REPORT

- ☒ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory  
☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory  
☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory  
☐ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory  
☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory  
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 500. <sup>00</sup> +\$ 0	\$ 500. <sup>00</sup>	\$ 500. <sup>00</sup>
Total amount of disbursements	\$ 385. <sup>94</sup> +\$ 0	\$ 385. <sup>94</sup>	\$ 385. <sup>94</sup>
Total amount of cash on hand		\$ 114. <sup>06</sup>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Billy Dale Shoemaker  
Signature of Director or Treasurer

5-19-10  
Date

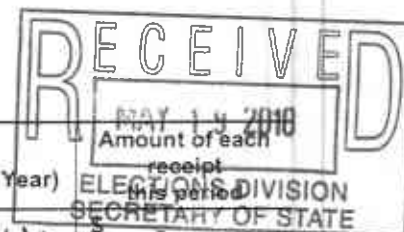
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-578-2819.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee to Elect DAVID ShoemakerReporting period Jan. 1, 2010 through April 30, 2010

## ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Donna Stuckey	4/29/10	\$ 200.00
Mailing Address	___/___/___	\$
669 New Hope Rd, Natchez MS 39119	___/___/___	\$
City, State, Zip Code	___/___/___	\$
DAVID Shoemaker Atty. @ Law	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Legal Assistant	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Mike Stuckey	4/29/10	\$ 200.00
Mailing Address	___/___/___	\$
669 New Hope Rd Natchez MS 39119	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Self	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Farming	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

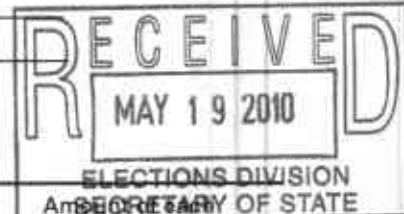
Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Wesley Stuckey	4/29/10	\$ 100.00
Mailing Address	___/___/___	\$
669 New Hope Rd Natchez MS 39119	___/___/___	\$
City, State, Zip Code	___/___/___	\$
College student	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	___/___/___	\$
Mailing Address	___/___/___	\$
	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee To Elect DAVID ShaemakeReporting period Jan. 1, 2010 through April 30, 2010

## ITEMIZED DISBURSEMENTS



A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Winning Edge Communications</u>	<u>4/29/10</u>	\$ <u>385.94</u>
Mailing Address		
<u>POBx 269 Alexandria AL 36250</u>	<u>4/29/10</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Push Cards</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$